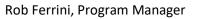


Requested Effective Date: ___

Business Owners Policy Application

Email completed application to rferrini@mcgowanprofessional.com.

PRODUCER	INFORI	MATIC	ON															
Agency Name					F	Producer Number:												
Agent Name:						A	Agent	Phoi	ne Nı	umbe	r:							
												•						
APPLICANT INFORMATION (attach additional sheets for additional insureds)																		
Business Nar	Business Name: Contact:																	
Address:	Phone:																	
City:												State:						
Zip Code:				Webs	site:						E	Email:						
Company is:		Corp	oration	LLC		Partnershi	ip	Ind	divid	ual	Jo	oint Ve	nture	!	Otl	her:		
Nature of Bus	siness:		Office	Reta	il	Apartmer	nts	R	esta	urant	t	Servi	ce	0	ther:			
Provide detail	ed descri	ption c	of business	operat	tions	below.												
Number of Er	nployees	s:		Н	lours	of Operation	n:											
Annual Sales	Receipts	s: \$						Tota	al Pay	yroll:	\$							
_	During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime? If yes, give details below.																	
Has applicant If yes, give deta		oreclos	ure, repos	sessio	n, baı	nkruptcy, ju	ıdge	ment	or lie	en in	past	5 years	5?				Yes	No
PREMISES I	NFORM	IATIO	N															
Address:																		
City:								Stat	e:					Zip	Code	e:		
Interest:	Ov	vner	Tenan	t	Perce	ent Occupie	d:	% Square Feet Occupied										
Total Square	Foot Are	ea:			Number of Stories:			Basement?						_	Yes	No		
Year Built:		Any area leas						No Inside city I							Yes	No		
Year each im	proved	,	Wiring:			Roofing:				lumb					Hea	ating	;:	
Operational sprinkler system?									Yes	No								
Operational burglar alarm s		/stem?	Υ	⁄es	No	Ор	eratio	onal o	centr	al fire	e alarm	1?				Yes	No	
															· ·			
Construction Type: Frame Fire Resistive Non-combustible Modified Fire Resistive Masonry Masonry Non-combustible																		





rferrini@mcgowanprofessional.com, 508-656-1327

PREMISES INFORMATION CONTINUED							
Provided detailed description of operations at this location below. Not necessary if the same as above.							
Provide a description of the building below. Include surrounding exposures and other occupancies.							
Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien in past 5 years?	Yes	No					
If yes, give details below.							

GENERAL INFORMATION		
Currently or previously storing, treating, applying, handling in anyway hazardous material? <i>If yes, describe below.</i>	Yes	No
Are athletic teams sponsored? If yes, describe below.	Yes	No
Own or operate any other business(s)? If yes, describe below.	Yes	No
Do you rent or loan equipment to others? If yes, describe below.	Yes	No
Do you require certificate of insurance for sub-contractors? If yes, who is checking?	Yes	No
Involved in manufacturing, mixing, relabelling or repackaging products? If yes, describe below.	Yes	No
Any exposure to flammables, explosives or chemicals? If yes, describe below.	Yes	No
Any catastrophe exposures? If yes, describe below.	Yes	No
Do you lease employees to or from other employers? If yes, describe below.	Yes	No
Any uncorrected fire code violations? If yes, describe below.	Yes	No

INSURANCE AND LOSS HISTORY									
List all current policies below.									
Policy	Policy #	Carrier	Premium	Effective	Expiration				
Business Owners Policy									
Workers' Compensation									
Commercial Property									



Rob Ferrini, Program Manager

rferrini@mcgowanprofessional.com, 508-656-1327

INSURANCE AND LOSS HISTORY CONTINUED									
Commercial Aut	to								
EPLI									
Other:									
Other:									
Any coverage de	eclined, cancelled	d or non-renewe	d dur	ing the prior 3 years?	If yes, describe below.		Υ	'es	No
A									
	? If yes, describe b	_	e or r	molestation allegations	s, discrimination or		Υ	'es	No
Describe all claims/losses in the past 3 years below. Attach additional sheets if needed.									
Date of Loss	Amount Paid	Reserve	Description & Current Status						

Return to: Rob Ferrini McGowanPRO

rferrini@mcgownprofessional.com



ADDITIONAL INTERESTS (Mortgagee, Loss Payee, etc.)										
Name	Address			Interest						
ADDITIONAL REMARKS										
DISCLOSURE	uiry the statements and particulars given in thi	منامحه مند	ations are	true and that I have not mis						
	erial fact. I understand that non-disclosure or r									
*A material fact is one likely to	o influence acceptance or assessment of this a	annlicatio	on hy unde	erwriters: if you are in any						
	naterial or not you must disclose it.	эррпсасіс	on by unde	i writers, ir you are in arry						
This application and the inform	mation provided in connection therewith conta	ain state	ments upo	on which underwriters will rely						
in deciding to accept this insu	rance. Should a contract of insurance be concl	luded thi	is applicati	ion will form the basis of the						
insurance. I undertake to info the contract.	rm underwriters of any material alteration to t	these fac	cts occurri	ng before the completion of						
Signature of Applicant:			Dated:							
Printed name of Applicant:										
Company:		Title:								
Signature of Agent/Broker:	Robert Ferrini		Dated:							

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Click Here to Send a Submission